



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

Good

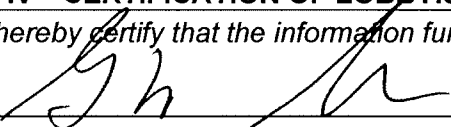
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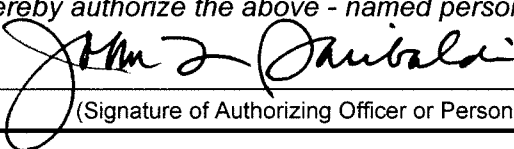
STATE OF HAWAII
STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

| | | | |
|-----------------------------------------------------------------------------------------------------------------|---------|------------|-----------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Slovin | Gary | M. | 547-5600 |
| MAILING ADDRESS (Street) | | | FAX |
| 1099 Alakea Street, Suite 1800 | | | 547-5880 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Goodsill Anderson Quinn & Stifel | | | 547-5600 |
| MAILING ADDRESS (Street) | | | FAX |
| 1099 Alakea Street, Suite 1800 | | | 547-5880 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |

| | | |
|--------------------------------------------------------------------------------|---------|------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| Hawaii Superferry, Inc. | | 531-7408 |
| MAILING ADDRESS (Street) | | FAX |
| One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300 | | 531-7410 |
| (City) | (State) | (Zip Code) |
| Honolulu | HI | 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Julie Loo | | 853-4031 |
| MAILING ADDRESS (Street) | | FAX |
| One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300 | | 531-7410 |
| (City) | (State) | (Zip Code) |
| Honolulu | HI | 96813 |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | |
|--------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

| PART IV CERTIFICATION OF LOBBYIST | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | |
|  _____ (Signature of Lobbyist) | <u>1/31/07</u> _____ (Date) |

| PART V AUTHORIZATION TO LOBBY | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------|
| NAME John Garibaldi | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & Chief Executive Officer |
| NAME OF ORGANIZATION (if applicable) Hawaii Superferry, Inc. | | TELEPHONE 531-7408 |
| MAILING ADDRESS (Street) One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300 | | FAX 531-7410 |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | |
|  _____ (Signature of Authorizing Officer or Person Represented) | | <u>1/29/07</u> _____ (Date) |